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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/579,872	05/26/2000	Jeffrey Steven Albrecht	00JSA001	9690

20790 7590 09/25/2002

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EXAMINER

KAPADIA, MILAN S

ART UNIT	PAPER NUMBER
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3626

DATE MAILED: 09/25/2002

Please find below and/or attached an Office communication concerning this application or proceeding.

## Office Action Summary

Application No.

09/579,872

Applicant(s)

ALBRECHT, JEFFREY STEVEN

Examiner

Milan S Kapadia

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

### Status

- 1) ☒ Responsive to communication(s) filed on 26 May 2000.
- 2a) ☐ This action is **FINAL**.                      2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

### Disposition of Claims

- 4) ☒ Claim(s) 1-20 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-20 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- 11) ☐ The proposed drawing correction filed on \_\_\_\_\_ is: a) ☐ approved b) ☐ disapproved by the Examiner.
- If approved, corrected drawings are required in reply to this Office action.
- 12) ☐ The oath or declaration is objected to by the Examiner.

### Priority under 35 U.S.C. §§ 119 and 120

- 13) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All   b) ☐ Some \* c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
  - ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- \* See the attached detailed Office action for a list of the certified copies not received.
- 14) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).
- a) ☐ The translation of the foreign language provisional application has been received.
- 15) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

### Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO-1449) Paper No(s) 4.
- 4) ☐ Interview Summary (PTO-413) Paper No(s). \_\_\_\_\_.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: \_\_\_\_\_.

**DETAILED ACTION**

**Notice to Applicant**

1. This communication is in response to the application filed 26 May 2000. Claims 1-20 are pending.

***Claim Rejections - 35 USC § 103***

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-3 and 5-7 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (6,161,095) in view of Halvorson (4,847,764).

(A) As per claim 1, Brown discloses a medical management system comprising:  
a personal communication device that is used by a patient to perform a plurality of functions comprising medication logging and interactive communication (Brown; figure 1 and col. 3, line 63-col. 4, line 6; the examiner interprets "monitor compliance" as a form of "medication logging" and interprets "send feedback" as a form of "interactive communication");

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an integrated network that is communicatively coupled to the personal communication device, the integrated network provides inter-communication between the patient and a plurality of providers, the plurality of providers comprising a healthcare provider and a pharmaceutical supplier/provider (Brown; figure 1 and col. 3, line 63-col. 4, line 6; the examiner interprets the “pharmacist” as a form of “pharmaceutical supplier/provider; and

a HemaScan database that is communicatively coupled to the integrated network, the HemaScan database comprising a patient education material (Brown; col. 4, lines 46-48 and col. 4, line 57-col. 5, line 23; the examiner interprets “treatment regimen” information as a form of “education material”) , the HemaScan database is operable in conjunction with the integrated network and the personal communication device to perform automated medication reorder processing for the patient (Brown; col.3, lines 3-6);

wherein the medication logging is partially automated and partially interactive (Brown; col. 2, line66-col. 3, line 3; the examiner interprets “data collection of facts regarding patient compliance ...” as a form of “medical logging”) ;  
and

the partially interactive medication logging allows the patient to verify the partially automated medication logging (Brown; col. 6, lines 8-14; the examiner interprets “information regarding the entire course of the treatment regimen” can be “displayed on demand” as a form of “allows patient to verify partially automated medication logging”).

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Brown fails to expressly teach the HemaScan database also includes a product catalog. However, this feature is old and well known in the art, as evidenced by Halvorson's teachings with regards to a database that includes a product catalog (Halvorson; col. 36, lines 60-66) It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the system taught by Brown with Halvorson's teaching with regards to this limitation, with the motivation of performing inventory control (Halvorson; abstract).

(B) As per claims 2 and 3, Brown fails to expressly teach at least one additional communication device that is used by at least one additional patient to perform functions comprising medication logging and interactive communication and the patient and the at least one additional patient perform interactive communication using the personal communication device and the at least one additional personal communication device. Brown clearly teaches at least one communication device that is used by at least one patient to perform functions comprising medication logging and interactive communication, as shown above in the rejection of claim 1. It is respectfully submitted, that once the prior art of record nearly establishes the performing the functions comprising medication logging and interactive communication by one patient using a personal communication device in a networked system, it would have required no hindsight for a skilled artisan to include additional patients using additional personal communication devices with the motivation enabling multiple patients to use the system for interactive communication and medical logging

Further, the courts have broadly held that the mere duplication of parts has no patentable significance unless some new or unexpected result is produced. *In re Harza*, 124 USPQ 379.

(C) As per claim 5, Brown teaches wherein the personal communication device comprises a wireless communication device (Brown; col. 6, lines 29-43);

the integrated network comprises a wireless communication network (Brown; figure 1; it is respectfully submitted, that when the “personal communication device” is a “cellular telephone,” the “communication network” will be a “wireless communication network”); and

the personal communication device maintains continuous communication with the wireless communication network (Brown ; col. 6, lines 29-43 and figure 1; it is respectfully submitted, that when the “personal communication device” is a “cellular telephone” the “personal communication device maintains continuous communication with the wireless communication network.”)

(D) As per claims 6 and 7, Brown teaches the HemaScan database is operable with the integrated communication network to perform medication or inventory tracking and medication or inventory trending of medication that is administered by the patient (Brown; col. 2, line 66-col. 3, line 3 and col. 6, lines 8-14); the examiner interprets “data collection of facts regarding patient compliance, symptomology, possible drug interactions or side effects of medication, and other facts relevant to evaluation and

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possible modification of the treatment regimen” as forms of “medication or inventory tracking” and interprets “information regarding the entire course of the treatment regimen, such as each updated regimen and its effectiveness...” as forms of “medication or inventory trending.”)

4. Claims 4 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (6,161,095) and Halvorson (4,847,764) as applied to claim 1 above and further in view of Campbell (Campbell, Sandy, “Accordant meets the challenges that rare chronic diseases pose for managed care,” Health Care Strategic Management, August 1996).

(A) As per claim 4, the combined system of Brown and Halvorson teach the patient treatment regimen and protocol stored in a database (Brown; col. 4, lines 43-48), but collectively fail to expressly teach the HemeScan database is specifically tailored to the disease hemophilia. However, this feature is old and well known in the art, as evidenced by Campbell's teachings with regards to a database consisting of protocols and algorithms for treatments for diseases including hemophilia (Campbell; abstract) It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown and Halvorson with Campbell's teaching with regards to this limitation, with the motivation of providing treatment regimens and protocols for patients suffering from hemophilia, thereby meeting disease management objectives (Campbell; abstract).

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5. Claim 8 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (6,161,095) and Halvorson (4,847,764) as applied to claim 6 above and further in view of Goetz et al. (6,421,650).

(A) As per claim 8, the combined system of Brown and Halvorson teach wherein the HemaScan database is operable with the integrated communication network to perform medication inventory tracking as shown above in the rejection of claim 6 but collectively fail to expressly teach tracking tainted medication and communicating to the patient information that identifies the tainted medication. However, this feature is old and well known in the art, as evidenced by Goetz's teachings with regards to this limitation (Goetz; abstract). In particular Goetz teaches determining potential medical interactions with currently prescribed medications (reads on "tainted medication") and alerting the patient to potential interactions between medications and/or provide caution information to the patient for administration of the medication (reads on "communicating to the patient information that identifies the tainted medication.") It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown and Halvorson with Goetz's teaching with regards to this limitation, with the motivation of providing proper information to the patient to get maximum benefit from their medications, tracking medication consumption, and facilitating transfer of critical data for optimal care of the patient (Goetz; col. 2, lines 58-63).



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6. Claims 9-11 and 16-17 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (6,161,095) and Halvorson (4,847,764) as applied to claims 2 and 5 above and further in view of Rindfleisch (Rindfleisch, Thomas, "Privacy, information technology, and health care," Association for Computing Machinery, August 1997, volume 40, pages 92-100).

(A) Claim 9 differs from claims 5 by reciting "a dedicated secure network" and "wherein the dedicated secure network further communicatively couples the HemaScan database to a pharmaceutical supplier/provider." The combined system of Brown and Halvorson teach a communication network that communicatively couples the HemaScan database to a pharmaceutical supplier/provider (Brown; figure 1), but fail to expressly teach that the communication network is a dedicated secure network. However, this feature is old and well known in the art, as evidenced by Rindfleisch's teachings with regards to a dedicated secure network used in the healthcare industry (Rindfleisch; page 6, paragraph 8) It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown and Halvorson with Rindfleisch's teaching with regards to this limitation, with the motivation of ensuring state-of-the art protections against intruders (Rindfleisch; page 6, paragraph 8). The remaining features of claim 9 repeat the features of claim 5 and are therefore rejected for the same reasons given above in the rejection of claim 5 and incorporated herein.

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(B) Claim 10 repeats the features of claim 2 and is therefore rejected for the same reasons given above in the rejection of claim 2 and incorporated herein.

(C) As per claim 11, Brown teaches an internet that communicatively couples to the HemaScan database (Brown; figure 1; the examiner interprets the "internet" as a form of "network"; also note col. 6, lines 29-43));

a healthcare provider communicatively couples to the HemaScan database through the internet via a secure communication link, the healthcare provider comprises a medical doctor who treats the patient (Brown; figure 1; the examiner interprets the "medical professional" as the "healthcare provider");

wherein the medical doctor communicates a message to the patient (Brown; col. 7, line 63-col. 8, line 19).

(D) Claim 16 differs from claim 9 by replacing "wireless network" with "modem pool dial-up

that allows remote secured login." As per this limitation Brown teaches the patient device can be a "personal desktop computer" (Brown; col. 6, lines 29-43; it is respectfully submitted, that it is well-known that "personal desktop computers" can connect to the "communication network" via a "modem pool dial-up.") The remaining features of claim 16 repeat the features of claim 9 and are therefore rejected for the same reasons given above in the rejection of claim 16 and incorporated herein.

(E) Claims 17 repeats the features of claim 1 and is therefore rejected for the same reasons

given above in the rejection of claim 1 and incorporated herein.

7. Claim 12 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (6,161,095), Halvorson (4,847,764), and Rindfleisch (Rindfleisch, Thomas, "Privacy, information technology, and health care," Association for Computing Machinery, August 1997, volume 40, pages 92-100) as applied to claims 6 and 11 above and further in view of Holliday (Holliday, Linda, "New media report card: Where are we now?" Medical Marketing and Media, February 1995, volume 30, pages 46-53).

(A) Claim 12 differs from claims 6 and 11 by reciting: "an insurance provider that provides medical coverage to the patient, insurance provider communicatively couples to the HemaScan database through the internet via a secure communication link; wherein the healthcare provider communicates information to the insurance provider concerning the medication tracking and the medication trending specific to the patient." The combined system of Brown, Halvorson, and Rindfleisch collectively fail to expressly teach these limitations. However, this feature is old and well known in the art, as evidenced by Holliday's teachings with regards to these limitations (Holliday; page 7, paragraph 1). In particular Holliday teaches a wireless data network (reads on "internet") that connects insurance providers and doctors by enabling doctors to complete insurance forms (the examiner interprets "medication tracking and medication

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trending" as forms of data required by "insurance forms.") It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown, Halvorson, and Rindfleisch's with Holliday's teaching with regards to these limitations, with the motivation of reducing healthcare costs (Holliday; page 7, paragraph 3).

The combined system of Brown, Halvorson, Rindfleisch, and Holliday collectively fail to expressly teach the insurance provider communicatively couples to the HemaScan database through the internet via a secure communication link. However, since the combined system of Brown, Halvorson, Rindfleisch, and Holliday clearly teach a healthcare provider communicatively couples to the HemaScan database through the internet via a secure communication link, as shown above in the rejection of claim 11, it is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown, Halvorson, Rindfleisch's, and Holliday to communicatively couple an insurance provider, in a similar way as the health care provider, to the HemaScan database, with the motivation of reducing healthcare costs (Holliday; page 7, paragraph 3). The remaining features of claim 12 repeat the features of claims 6 and 11 and are therefore rejected for the same reasons given above in the rejections of claims 6 and 11 and incorporated herein.

8. Claims 13 and 14 rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (6,161,095), Halvorson (4,847,764), and Rindfleisch (Rindfleisch, Thomas,

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"Privacy, information technology, and health care," Association for Computing Machinery, August 1997, volume 40, pages 92-100) as applied to claims 8 and 9 above and further in view of Goetz et al. (6,421,650).

(A) Claim 13 differs from claims 8 and 9 by reciting "receives and alarm message from the pharmaceutical supplier/provider, the message indicates a tainted medication." The combined system of Brown, Halvorson, and Rindfleisch collectively fail to expressly teach this limitation. However, this feature is old and well known in the art, as evidenced by Goetz's teachings with regards to an alarm message sent by the pharmacist's component, the message indicating a tainted medication (Goetz; abstract). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown, Halvorson, and Rindfleisch's with Goetz's teaching with regards to these limitations, with the motivation providing proper information to the patient to get maximum benefit from their medications, tracking medication consumption, and facilitating transfer of critical data for optimal care of the patient (Goetz; col. 2, lines 58-63). The remaining features of claim 13 repeat the features of claims 8 and 9 and are therefore rejected for the same reasons given above in the rejections of claims 8 and 9 and incorporated herein.

(B) Claim 14 repeats the features of claims 8 and 13 and is therefore rejected for the

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same reasons given above in the rejections of claims 8 and 13 and incorporated herein.

9. Claims 15, 19, and 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (6,161,095), Halvorson (4,847,764), Rindfleisch (Rindfleisch, Thomas, "Privacy, information technology, and health care," Association for Computing Machinery, August 1997, volume 40, pages 92-100), and Campbell (Campbell, Sandy, "Accordant meets the challenges that rare chronic diseases pose for managed care," Health Care Strategic Management, August 1996) as applied to claims 4, 9, and 16 above.

(A) Claim 15 repeats the features of claim 4 and is therefore rejected for the same reasons

given above in the rejection of claim 4 and incorporated herein.

(B) As per claim 19, the combined system of Brown, Halvorson, and Rindfleisch teach the patient treatment regimen and protocol stored in a database (Brown; col. 4, lines 43-48), but collectively fail to expressly teach the HemaScan database is tailored to a plurality of diseases. However, this feature is old and well known in the art, as evidenced by Campbell's teachings with regards to a database consisting of protocols and algorithms for treatments for a plurality of diseases (Campbell; abstract) It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by

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Brown, Halvorson, and Rindfleisch with Campbell's teaching with regards to this limitation, with the motivation of providing treatment regimens and protocols for patients suffering from these plurality of diseases, thereby meeting disease management objectives (Campbell; abstract).

(B) Claim 20 repeats the features of claim 4 and is therefore rejected for the same reasons

given above in the rejection of claim 4 and incorporated herein.

10. Claim 18 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (6,161,095), Halvorson (4,847,764), Rindfleisch (Rindfleisch, Thomas, "Privacy, information technology, and health care," Association for Computing Machinery, August 1997, volume 40, pages 92-100), and Goetz et al. (6,421,650) as applied to claims 13, 14, and 16 above.

(A) Claim 18 repeats the features of claims 13, 14, and 16 and is therefore rejected for the same reasons given above in the rejection of claims 13, 14, and 16 and incorporated herein.

### ***Conclusion***

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11. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not applied art teaches an all care health management system (5,301,101); a remote data collection and address providing method and apparatus (6,408,330); a web site that enables the browsing of pharmaceuticals available in the US via a searchable database (Smith, Stephen, "Cancer sites on the Web part 2," Information Today, September 1998, volume 15, issue 8, pages 18-21); and an Internet site that tracks antibiotic resistance ("New Internet Site Tracks Antibiotic Resistance," PR Newswire, February 16, 1998, pages 1-2).

12. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Milan S Kapadia whose telephone number is 703-305-3887. The examiner can normally be reached on Monday through Friday, 8:30 A.M. to 5:00 P.M..

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 703-305-9588. The fax phone numbers for the organization where this application or proceeding is assigned are 703-305-7687 for regular communications and 703-305-7687 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is 703-308-1113.




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September 17, 2002

  
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